

Case Number:	CM14-0219031		
Date Assigned:	02/25/2015	Date of Injury:	09/01/2014
Decision Date:	04/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a male patient, who sustained an industrial injury on 09/01/2014. A chiropractic visit dated 12/03/2014 reported the patient having returned to a full time full duty work. He stated that his low back pain has been increasing and he is having difficulty performing his work duty. A radiographic magnetic resonance imaging study revealed at L-5 bilateral pars defect and anterior slippage of L-5 on S-1. At L5-S-1, there is also an annular tear and moderate to severe bilateral facet arthropathy causing moderate left and mild right IVF narrowing. At L4-L5, there is a mild to moderate disc bulge with left greater than right facet arthrosis. A request was made for 12 sessions of physical therapy treating the lumbar spine. On 12/02/2014, Utilization Review non-certified the request, noting the CA MTUS, Chronic Pain, Physical Medicine Guidelines were cited. On 12/31/2014, the injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 sessions of physical therapy (two sessions a week for six weeks) for the lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 10/28/14), Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, a physical therapy progress note on 9/26/2014 indicated the patient is not having subjective or functional improvement from current physical therapy sessions. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS for lumbargo and lumbar strain/sprain. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.